N03000004286

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	





900239145279

09/04/12--01021--022 **35.00

12 SEP -4 PH 2: 40

Amend

SEP 1 1 2012

T. BROWN

COVER LETTER

TO: Amendment Section

Division of Corporations Habitat for Humanity of Franklin County Florida, Incorporated NAME OF CORPORATION 103000004286 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pam Ashlev (Name of Contact Person) Habitat for Humanity of Franklin County Florida, Incorporated (Firm/ Company) 153 Rio Vista Drive (Address) Sopchoppy, FL 32358 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pam Ashlev Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



Habitat for Humanity of	Franklin County, Florida,	Incorporated
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
N03000004286		
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate		For Profit Corporation adopts the followin
A. If amending name, enter the new na	me of the corporation:	
		The nev
name must be distinguishable and contain "Company" or "Co." may not be used in		led" or the abbreviation "Corp." or "Inc.'
Gompany or Cor may not be wited th		
B. Enter new principal office address, (Principal office address MUST BE A ST		
(17 metput office undress most be 210		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
maining uturess MAT BE A TOST	OFFICE BOX	
	 	
D. If amending the registered agent an	d/on nogistaned office address in Florid	a antar the name of the
new registered agent and/or the nev		a, enter the hame of the
Name of New Registered Agent:	Kristy Branch Banks, Es	sq.
ame sy the magnitude argum.	171 Hwy 98 West, Suite	
	(Florida street address)	
New Registered Office Address:	,	
	Eastpoint, Florida	, Florida 32328
	(City)	(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agent.	
I hereby accept the appointment as regist		pt the obligations of the position.
	Y Bann	
Sig	nature of New Registered Agent, if chang	ging

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	V Mik	n <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Frink, Skip	1859 West HWY 98
Add			Carrabelle, FL 32322
X Remove			
2) Change			
Add			
Remove	DVPS	Pues Cora I	198 5th Street
3) X Change		Russ, Cora L.	Apalachicola, FL 32320
Add Remove			Apalacineola, 1 L 32320
4) Change	D	Stacie DeVaughn	181 Avenue G
X			Apalachicola, FL 32320
Remove			
5) Change	D	Dan Cox	PO Drawer CC
X Add			Carrabelle, FL 32322
Remove			
6) Change	D	Melanie Williams	58 Fourth Street
X Add			Apalachicola, FL 32320
Remove			_

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Additional Directors to be Added:				
Kristy Branch Banks, 171 Hwy 98 West, Suite A, Eastpoint, FL 32328				
Wayne Thomas, 199 North Bayshore Dr., Eastpoint, FL 32328				
Mason Bean, 573 East Gorrie Drive, St. George Island, FL 32328				

The date of each amendment(s)	adoption: August 8, 2012
	ugust 8, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
☐ There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated Signature	-Ashlen
(By the change of the change) (By the change of the change)	airman or vice chairman of the board, president or other officer-if directors been selected by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Pam Ash	ley
	(Typed or printed name of person signing)
President	t/Director
	(Title of person signing)